APPENDIX D - ENTRANCE PROCEDURES AND REQUIREMENTS

APPENDIX D-1

A. EVALUATION OF LEVEL OF CARE

The agency will provide for an evaluation (and periodic reevaluations) of the need for the level(s) of care indicated in item 2 of this request, when there is a reasonable indication that individuals might need such services in the near future, but for the availability of home and community-based services. The state will conduct extensive quality assurance monitoring of the use of the objective automated long term care functional screen used by Resource Center staff to assess level of care.

B. QUALIFICATIONS OF INDIVIDUALS PERFORMING INITIAL EVALUATION

The educational/professional qualifications of persons performing initial evaluations of level of care for waiver participants are (Check all that apply):

___ Discharge planning team

___ Physician (M.D. or D.O.)

_X_ Registered Nurse, licensed in the State

_X_ ~~Licensed~~ Social Worker (Certified in Wisconsin)

_____ Qualified Mental Retardation Professional, as defined in 42 CFR 483.430(a)

_X_ Other (Specify): Qualified Resource Center Access Facilitator.

A Qualified Resource Center Access Facilitator must posses, at a minimum, a four-year bachelor's degree in the social services area (e.g. social work, rehabilitation, psychology, etc.) and knowledge of the conditions of long term care target populations and of long term care resources including both nursing facilities and community alternatives.

APPENDIX D-2

A. REEVALUATIONS OF LEVEL OF CARE

Reevaluations of the level of care required by the individual will take place (at a minimum) according to the following schedule (Specify):

_____ Every 3 months

_____ Every 6 months

__X__ Every 12 months

_____ Other (Specify):

B. QUALIFICATIONS OF PERSONS PERFORMING REEVALUATIONS

Check one:

__X__ The educational/professional qualifications of person(s) performing reevaluations of level of care for waiver participants are the same as those for persons performing initial evaluations.

___ The educational/professional qualifications of persons performing reevaluations of level of care for waiver participants differ from those of persons performing initial evaluations. The following qualifications are met for individuals performing reevaluations of level of care for waiver participants (Specify):

_____ Physician (M.D. or D.O.)

_____ Registered Nurse, licensed in the State

___ Licensed Social Worker

___ Qualified Mental Retardation Professional, as defined in 42 CFR 483.430(a)

___ Other (Specify):

C. PROCEDURES TO ENSURE TIMELY REEVALUATIONS

The State will employ the following procedures to ensure timely reevaluations of level of care (Check all that apply):

___ "Tickler" file
_X_ Edits in computer system

_X_ Component part of case management

_____ Other (Specify):

_____

APPENDIX D-3

A. MAINTENANCE OF RECORDS

1. Records of evaluations and reevaluations of level of care will be maintained in the following location(s) (Check all that apply):

_____By the Medicaid agency in its central office

_____By the Medicaid agency in district/local offices

_____ By the agency designated in Appendix A as having primary authority for the daily operations of the waiver program

_____ By the case managers

__X__By the persons or agencies designated as responsible for the performance of evaluations and reevaluations. These are the same staff located in the Resource Center that perform level of care assessment.

_____By service providers

Other (Specify):

_____

2. Written documentation of all evaluations and reevaluations will be maintained as described in this Appendix for a minimum period of 3 years.

B. COPIES OF FORMS AND CRITERIA FOR EVALUATION AND REEVALUATION

1. A copy of the written evaluation instrument(s) to be used in the evaluation and reevaluation of an individual's need for a level of care indicated in item 2 of this request is attached to this Appendix.

See Attachment D.3.B.1. – Wisconsin LTC Functional Screen inserted at the end of this section.

2. For persons diverted rather than deinstitutionalized, the State's evaluation/reevaluation process must provide for a more detailed description of their evaluation/reevaluation procedures for diverted individuals to ensure that waiver services will be limited to persons who would otherwise receive the level of care specified in item 2 of this

request.

Check one:

__X__ The process for evaluating and reevaluating diverted individuals is the same as that used for deinstitutionalized persons.

____ The process for evaluating and reevaluating diverted individuals differs from that used for deinstitutionalized persons. Attached is a description of the process used for evaluating and reevaluating diverted individuals.

3. If the evaluation form(s) used in determining an individual's need for the institutional level of care indicated in item 2 differs from the form used in placing recipients in hospitals, NFs or ICF's/MR, a description of how and why it differs is attached.

   a. The State assures that the outcome of the new evaluation form is reliable, valid and fully comparable to the form used for hospital, NF or ICF/MR placement.

   The State assures that the outcome of the LTC functional screen (LTC FS) is reliable, valid and fully comparable to the form used for hospital, NF and ICF/MR placement. It employs the same level of care definitions and collects the same type of information that is used to establish levels of care for people entering NF's or ICFs/MR.

   The LTC FS has been developed by a clinical team led by Dr Ann Pooler, over a period of three years. It is designed to crosswalk and have a level of compatibility with Oasis, a data gathering tool for use in home health agencies, and with the Minimum Data Set (MDS), the data collection tool used in a nursing home setting. The LTC FS was designed as a site neutral tool. The data that is gathered indicates long term needs and conditions which essentially add cost and complexity to care plans regardless of the residency of the person being assessed. It is also designed to capture the needs and conditions of all three Family Care target groups, (frail elders and people with developmental and/or physical disabilities). The functional screen establishes that an individual meets a level of care that is reimbursable by Medicaid in a hospital, NF or ICF-MR. However, because of Wisconsin's continued commitment to supporting individuals in the least restrictive setting possible, the tool does not electronically forward any suggestion for an appropriate residency type commensurate with the severity of need. However, a copy of the functional screen including the computer generated level of care report, is sent with other enrollment material to the CMO to be placed in the member's file. Verification of both financial and functional eligibility is redone annually and placed in the member's file. The tool has been extensively researched by the lead research analyst, Dr Nachman Sharon, and is statistically valid when compared with MDS and the current COP functional screen for setting NF and ICF-MR levels of care for individuals who are eligible for care in a nursing home or

ICF-MR setting. (Please see the attached report, "Testing the Reliability and Validity of the Wisconsin Long Term Care Functional Screen.")

The person completing the form is required to have experience in working with the Family Care target populations and to have participated in screen training and passed the post test administered by the state. A random sample of this tool is reviewed annually to assure that it corresponds with the tools used to admit individuals to NFs.

APPENDIX D-4

A. FREEDOM OF CHOICE AND FAIR HEARING

1. When an individual is determined to be likely to require a level of care indicated in item 2 of this request, the individual or his or her legal representative will be:

   a. informed of any feasible alternatives under the waiver; and

   b. given the choice of either institutional or home and community-based services.

2. The agency will provide an opportunity for a fair hearing under 42 CFR Part 431, subpart E, to individuals who are not given the choice of home or community-based services as an alternative to the institutional care indicated in item 2 of this request or who are denied the service(s) of their choice, or the provider(s) of their choice.

3. Please check and attach the following to this Appendix: **("a" is optional; "b" through "d" are mandatory)**

   a. X A copy of the form(s) used to document freedom of choice and to offer a fair hearing;

      See Attachment D.4.A.3.a. Wisconsin CMO Enrollment Form

   b. X A description of the agency's procedure(s) for informing eligible individuals (or their legal representatives) of the feasible alternatives available under the waiver;

      Each individual who may have a need for long term care services receives a functional screen. The functional screen process must include the recipient and/or his/her legal representative. The evaluator must inform the recipient or legal representative of his/her long term care options. The enrollment form must include a signed statement from the recipient and/or the legal guardian stating he/she has been informed of their options. This statement appears on the Family Care enrollment form in Attachment D.4.A.3.a. After signing the enrollment form, each waiver participant will be given a copy. A second copy of this form is retained in the records of the state's independent Family Care enrollment contractor. This form cannot be processed without this signed statement unless the individual has been placed through a court ordered protective placement proceeding under Chapter 55 of the Wisconsin statutes where the court has acted as guardian for the individual. In this instance, the court acts as the legal representative. A copy of the court order must

accompany the enrollment form.

c . X A description of the State's procedures for allowing individuals to choose either institutional or home and community-based services; and a copy of the plan of care (Item # 9. on the enrollment form [Attachment D.4.A.3.a.] documents that the individual has been given the choice of either institutional or home and community-based services.)

Description of choice counseling procedure:

1. Family Care serves persons at the comprehensive level (persons who meet nursing home or ICF-MR level of care) and the intermediate level (persons with long term care needs but at a lower level of care that does not qualify for Medicaid reimbursement in a nursing home or ICF-MR). The State's independent enrollment contractor provides consultation and advice about options available to meet long term care needs and about factors to consider in making long term care decisions to members of the target populations and their families. The consultation informs and advises the person concerning:
   a) For persons who meet nursing home or ICF-MR level of care, the full range of options available to the individual, including home care, community services, case management services, and residential care and nursing home/ICF-MR options;
   b) For persons who do not meet nursing home/ICF-MR level of care, home care, community services, case management services and residential care options;
   c) Sources and methods of both public and private payment for long term care services, including Family Care and the fee-for-service system;
   d) Factors to consider when choosing among the available programs and benefits, including but not limited to cost, quality, outcomes, estate recovery, compatibility with the person's preferred lifestyle and residential setting, and available resources.
   e) Advantages and disadvantages of the various options.
   f) The status of Family Care enrollment, when enrollment is limited due to implementation of a CMOs initial phased in enrollment plan.
2. When providing choice counseling, enrollment contractor staff communicate with people to fully understand each person's situation including their values, feelings, personal resources, knowledge, capacities, barriers to resolution, and the urgency of the problem.
3. The information provided is timely, accurate, thorough, factual, unbiased, and appropriate to the individual's needs and situation.
4. Choice counseling is conducted at a location preferred by, and at a time convenient to, the person. It is not limited to the enrollment contractor's

location, but is also available in the person's place of residence or other setting (e.g. hospital). Family and others whom the person wishes to participate will be identified and included in the meeting at the request of the potential enrollee.

5 The independent enrollment contractor offers choice counseling to everyone who the Resource Center determines through the Wisconsin LTC functional screen is eligible for Family Care.

d. X A description of how the individual (or legal representative) is offered the opportunity to request a fair hearing under 42 CFR Part 431, Subpart E.

The state DHFS will provide an opportunity for a fair hearing under 42 CFR Part 431, subpart E to beneficiaries who are not given the choice of institutional or home and community-based services as an alternative to hospital, NF or ICF-MR services or who are denied the service or provider of their choice.

The state has delegated the notification of the state fair hearing process to both the Resource Center and the state's independent enrollment contractor, which will be separate from and completely independent of the CMO. The entities use a notice that combines the notification of the state's fair hearing process and the complaint and grievance process. The State conducts fair hearings.

The Resource Center and the enrollment contractor must give written notice to the individual and any other affected parties of any potentially adverse decision that is made through the eligibility process. In addition to the decision reached, the notice shall include:

a) The name of the contact person for complaints and grievances;
b) The date the decision was reached;
c) A summary of the steps taken on behalf of the person to resolve the issue;
d) An explanation that if the person disagrees with the decision, he/she has a right to a Department review, or to a State Fair Hearing process for a determination; and
e) How to file for review by the Department and through the State Fair Hearing process.

The CMO's member handbook at a minimum must include information about the following elements of the complaint and grievance process:

a) what constitutes a complaint, grievance, or fair hearing request;
b) how to file complaints, grievances and fair hearing requests, including timeframes and the member's ability to appear in person before the CMO personnel assigned to resolve complaints and grievances;
c) information about the availability of assistance with the complaint and grievance process, and fair hearings;
d) toll-free numbers that the member can use to register a complaint or submit a written grievance by telephone;
e) specific titles and telephone numbers of the CMO staff who have responsibility for the proper functioning of the process, and who have the authority to take or order corrective action;
f) assurance that filing a complaint or grievance or requesting a fair hearing process will not negatively impact the way the CMO, its providers, or the Department treat the member;
g) how to obtain services during the grievance and fair hearing processes;

In addition, the CMO must provide education to members on the complaint and grievance process within 60 days of enrollment. At a minimum, this education process shall include reviewing the CMO complaint and grievance process described in the member handbook.

B. FREEDOM OF CHOICE DOCUMENTATION

Specify where copies of this form are maintained:

Copies of forms are maintained by the Resource Center which is responsible for the performance of evaluations and reevaluations.